



30 South Meridian Street, Suite 1000
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AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership, or corporation having any information concerning my background (including any State tax information), credit record, educational record, employment record, medical record, selective service record, record of any disciplinary proceeding with the Indiana Supreme Court Disciplinary Commission, or license complaints filed with the Attorney General's Office, to release such information to the Indiana Housing Finance Authority and the Indiana State Police Department. This information is to be used for possible employment with the State of Indiana and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability which may be incurred in release of this information to the Indiana Housing Finance Authority and the Indiana State Police Department including liability under any Federal Law.

Signature

Date of Birth

Social Security Number

Date

Witness

INDIANA STATE POLICE
CRIMINAL INVESTIGATION DIVISION

REQUEST FOR BACKGROUND CHECK – INFORMATION FORM

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #'s HOME: _____ WORK: _____

DATE OF BIRTH: _____ SS#: _____

DRIVERS LICENSE TYPE: _____ OPER _____ OP/MC _____ PP/CHAUF _____ ID _____

DRIVERS LICENSE NUMBER: _____ EXPIRES _____

RESTRICTIONS: _____

SEX: M _____ F _____ RACE: _____

JOB TITLE (application for): _____

OCCUPATION (current job): _____

PROFESSIONAL LICENSES HELD: _____

LICENSE NUMBER: _____

EXPIRATION: _____

FOR IHFA USE ONLY:

REQUESTOR: _____

LEVEL 1 _____ LEVEL II _____ LEVEL III _____